



STATE OF ARIZONA  
**NATUROPATHIC PHYSICIANS BOARD OF MEDICAL EXAMINERS**

1400 W. Washington ♦ Phoenix, AZ 85007

Telephone Number: 602-542-8242 Fax Number 602-542-3093 www.npbomex.az.gov

**APPLICATION FOR A MEDICAL ASSISTANT CERTIFICATE**

**Application fee to be prorated at time of Board acceptance / Renewal is on or before July 1<sup>st</sup> of each year.**

**Fees are not refundable under any circumstances**

I, \_\_\_\_\_, make application to the State of Arizona Naturopathic Physicians Board of Medical Examiners for a Certificate as a Naturopathic Medical Assistant. As a certified Naturopathic Medical Assistant I will be authorized to assist under direct supervision, Per A.R.S. 32-1501 (a), a doctor of naturopathic medicine in only the procedures outlined in R4-18-605, but not the diagnosis of patients in the practice of naturopathic medicine in accordance with Arizona Revised Statutes, Title 32, Chapter 14, 32-1501, et., seq., and Arizona Administrative Code, Title 4, Chapter 18, R4-18-101, et seq.

**I understand the filing of this application grants authority to the Board to obtain information from any licensing agency, school, accrediting agency or board in the United States or another country; and that I shall make an oath as the contents of my application and credentials submitted to the Board and that I acknowledge that any falsification in my application to the Board is adequate cause by the Board to deny my application; and that the Board may report any falsification of information to other licensing agencies and boards.**

**This application must be complete and legible**

**Please Print:**

Legal Name: \_\_\_\_\_  
Last Name First Name Middle Name

Birth date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

SSN # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: ☐ F ☐ M Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**Citizen Status Declaration:** Are you a United States Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Attach a legible copy of the front and the back (if any) of a document from the attached **List A** that demonstrates U.S. citizenship.

Name of document provided \_\_\_\_\_

***If you answered NO to this question then complete the question below***

**Alien Status Declaration:** Are you a legal resident authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ Attach a legible copy of the front and the back (if any) of a document from the attached **List B** that evidences your status A.R.S. §1-501. Name of document provided \_\_\_\_\_

Name of **Naturopathic Supervising Physician:** \_\_\_\_\_

Clinic Name Where you will be working: \_\_\_\_\_ Ph # \_\_\_\_\_

Work Address: \_\_\_\_\_  
Street City State Zip

Work Phone Number: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
Street City State Zip

Home Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

**To be completed by the Supervising Naturopathic Physician**

**I will be the supervising physician for the Naturopathic Medical Assistant applicant. I have read and understand the following: Title 4, Chapter 18, Article 6, R4-18-601, R4-18-602, R4-18-603, R4-18-604 and R4-18-605, the rules regarding Naturopathic Medical Assistants.**

**Signature of Supervising Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**You must provide a copy of a certificate of completion or diploma from an approved medical assistant program.**

Name of School Where Medical Assistant Training was completed: \_\_\_\_\_  
Medical Assistant training must be in compliance as outlined in R4-18-601 1, (a). i., ii. iii. (b).

Address: \_\_\_\_\_  
Street City State Zip

**List all licenses and certificates issued or denied, by any licensing agency.**

1. Check all that apply: ☐ License ☐ Certificate ☐ Issued ☐ Denied

Name of licensing agency or board \_\_\_\_\_

Address \_\_\_\_\_  
Street Ste. City State Zip

2. Check all that apply: ☐ License ☐ Certificate ☐ Issued ☐ Denied

Name of licensing agency or board \_\_\_\_\_

Address \_\_\_\_\_  
Street Ste. City State Zip

3. Check all that apply: ☐ License ☐ Certificate ☐ Issued ☐ Denied

Name of licensing agency or board \_\_\_\_\_

Address \_\_\_\_\_  
Street Ste. City State Zip

***You are required to answer all of the following questions***

1. Have you ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor? ..... [ ☐ Yes [ ☐ No
2. Have you ever had a license/certificate, including a driver's license, suspended or revoked by any agency? [ ☐ Yes [ ☐ No
3. Have you ever been disciplined by any agency for any act of unprofessional conduct as defined in Arizona Revised Statutes, Section 32-1501? ..... [ ☐ Yes [ ☐ No
4. In lieu of disciplinary action by an agency, have you ever entered a consent agreement or stipulation with a licensing agency? ..... [ ☐ Yes [ ☐ No
5. Do you have a complaint pending before any agency? ..... [ ☐ Yes [ ☐ No
6. Have you ever been found guilty of being medically incompetent? ..... [ ☐ Yes [ ☐ No
7. Have you ever been a defendant in any malpractice matter that resulted in a settlement or judgment? ..... [ ☐ Yes [ ☐ No
8. Do you have any medical condition that in any way impairs or limits your ability to function as a Naturopathic Medical Assistant? ..... [ ☐ Yes [ ☐ No

**An applicant is required to submit a written supplement to this application if the answer is YES to any of the above questions. The Fact that a conviction and/or criminal offense has been pardoned, expunged or dismissed, or that your civil rights have been restored does not mean that you can answer "No" to questions 1 and 2.**

[ ☐ ] Yes [ ☐ ] No I submitted a written supplement to this application for the above questions.

***The Criminal Justice Information Report received by the Board from the United States Department of Justice Federal Bureau of investigation will include all arrests including juvenile arrests even when records are expunged by a court of law. In a written supplemental statement to the Board, an applicant is required to list all arrests, pleas and convictions, jail or prison time served and any probation served. Failure to provide complete information for questions answered Yes on this page may require the applicant to appear before the Board for a personal interview.***

**I have read and understand Title 4. Chapter 18 Article 6, R4-18-601, R4-18-602, R4-18-603, R4-18-604 and R4-18-605, the rules regarding Naturopathic Medical Assistants.**

**I, \_\_\_\_\_ being first duly sworn upon his or her oath deposes and says all of the following:** I am the person named in this application. I have read and understand the contents of this application. The information contained in this application is true and correct to the best of my ability and the information submitted is without fraud, deceit or misrepresentation. I hereby authorize any hospital, institution, organization, personal physician, past or present employer, past or present business or professional associate or any local, state, federal or foreign governmental agency to release any information to the State of Arizona in connection with my application and state that a photocopy of this authorization shall have the same effect as the original. I also authorize the State of Arizona Naturopathic Physicians Board of Medical Examiners, or its successor, to release any information submitted by me, upon request, to the public or to any licensing agency, or to any other person, when such request is required or permitted by Arizona Revised Statutes. I acknowledge that any falsification in my application is cause to deny my application or for the Naturopathic Physicians Board of Medical Examiners to hold a hearing to revoke any naturopathic medical student internship, preceptorship or preceptorship training registration that is issued to me by the Board. I authorize the Board to tape record any application interview that is conducted of me in regards to this application.

**Signature of Applicant:** \_\_\_\_\_

**Subscribed And Sworn To Before A Notary Public:**

State of \_\_\_\_\_ ) County of \_\_\_\_\_ )

**Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200 \_\_\_\_\_**

**Notary Public Signature** \_\_\_\_\_

**My Notary Commission Expires** \_\_\_\_\_

**Attach the Following to this Document:**

- \_\_\_\_\_ Money Order **payable to DPS** in the amount of **\$24.00**
- \_\_\_\_\_ A photocopy (8 ½ X 11 or smaller) of **Certificate or Diploma from an approved Medical Assistant School**
- \_\_\_\_\_ Completed and legible fingerprint card:
- \_\_\_\_\_ One passport-size photograph taken *within the last 60 days, signature on back.*
- \_\_\_\_\_ List of all other licenses or certificates issued or denied by another agency, if applicable.
- \_\_\_\_\_ Written supplementation regarding any answer you marked yes to on questions 1-8 on page two of this application, if applicable.
- \_\_\_\_\_ Citizenship /Alien Status Documentation Required State Law (**A.R.S. § 1-501**)
- \_\_\_\_\_ All applicants must submit documentation regarding their citizenship/alien status with their application. See attached list **A & B** for specific documentation required.

Alternative format for Submitting Application

An individual with a disability who, as a result of the disability requires this application in an alternative format, may contact the Board's Americans with Disability coordinator at (602) 542-3095, or Voice Relay Service (800) 842-4681 or TTY at (800) 367-8939 to make their need known.

**Check the laws and rules section of our website under 32-1559, regarding the naturopathic medical assistant law,**  
[www.NPBOMEX.az.gov](http://www.NPBOMEX.az.gov)

## EVIDENCE OF U.S. CITIZENSHIP, U.S NATIONAL STATUS, OR ALIEN STATUS

### LIST A: U.S. CITIZEN OR U.S. NATIONAL

Note: In this List, the term “Service” refers to the U.S. Citizenship and Immigration Service, formerly, the U.S. Immigration and Naturalization Service (INS).

[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR §104.23; 63 FR 41662-01 August 4, 1998); and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (“Interim Guidance”), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

#### Evidence showing U.S. citizen or U.S. national status includes the following:

##### a. Primary Evidence:

- (1) An Arizona driver license issued after 1996 or an Arizona nonoperating identification license issued after 1996
- (2) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (3) United States passport;
- (4) A foreign passport with a United States visa.
- (5) A United States citizenship and immigration services employment authorization document or refugee travel document.
- (6) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (7) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (8) Form N-561, Certificate of Citizenship;
- (9) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (10) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (11) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- (12) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).
- (13) A tribal or bureau of Indian affairs affidavit of birth.

[Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (“Interim Guidance”), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

##### b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status:

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;
- (2) Evidence of civil service employment by the U.S. government before June 1, 1976;
- (3) Early school records (preferably from the first school) showing the date of admission to the school, the applicant's date and U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parents(s);
- (4) Census record showing name, U.S. nationality or a U.S. place of birth, and applicant's date of birth or age;
- (5) Adoption finalization papers showing the applicant's name and place of birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction), or, when the adoption is not finalized and the state or other U.S. jurisdiction listed above will not release a birth certificate prior to final adoption, a statement from a State-or jurisdiction-approved adoption agency showing the applicant's name and place of birth in one of such jurisdictions, and stating that the source of the information is an original birth certificate;
- (6) Any other document that establishes a U.S. place of birth or otherwise indicates U.S. nationality (e.g., a contemporaneous hospital record of birth in that hospital in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);

##### c. Collective Naturalization

If the applicant cannot present one of the documents listed in (a) or (b) above, the following will establish U.S. citizenship for collectively naturalized individuals:

###### **Puerto Rico:**

- Evidence of birth in Puerto Rico on or after April 11, 1899 and the applicant's statement that he or she was residing in the U.S., a U.S. possession or Puerto Rico on January 13, 1941; or
- Evidence that the applicant was a Puerto Rican citizen and the applicant's statement that he or she was residing in Puerto Rico on March 1, 1917 and that he or she did not take an oath of allegiance to Spain.

**U.S. Virgin Islands:**

- Evidence of birth in the U.S. Virgin Islands, and the applicant's statement of residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927;
- The applicant's statement indicating resident in the U.S. Virgin Islands as a Danish citizen on January 17, 1917 and residence in the U.S., a U.S. possession or the U.S. Virgin Islands on February 25, 1927, and that he or she did not make a declaration to maintain Danish citizenship; or
- Evidence of birth in the U.S. Virgin Islands and the applicant's statement indicating residence in the U.S., a U.S. possession or territory or the Canal Zone on June 28, 1932.

**Northern Mariana Islands (NMI) (formerly part of the Trust Territory of the Pacific Islands (TTPI)):**

- Evidence of birth in the NMI, TTPI citizenship and residence in the NMI, the U.S., or a U.S. territory or possession on November 3, 1986 (NMI local time) and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time);
- Evidence of TTPI citizenship, continuous residence in the NMI since before November 3, 1981 (NMI local time), voter registration prior to January 1, 1975 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time); or
- Evidence of continuous domicile in the NMI since before January 1, 1974 and the applicant's statement that he or she did not owe allegiance to a foreign state on November 4, 1986 (NMI local time). Note: If a person entered the NMI as a nonimmigrant and lived in the NMI since January 1, 1974, this does not constitute continuous domicile and the individual is not a U.S. citizen

**d. Derivative Citizenship**

If the applicant cannot present one of the documents listed in a or b above, the following may be used to make a determination of derivative U.S. citizenship:

**Applicant born abroad to two U.S. citizen parents:** Evidence of the U.S. citizenship of the parents and the relationship of the applicant to the parents, and evidence that at least one parent resided in the U.S. or an outlying possession prior to the applicant's birth.

**Applicant born abroad to a U.S. citizen parent and a U.S. non-citizen national parent:** Evidence that one parent is a U.S. citizen and that the other is a U.S. non-citizen national, evidence of the relationship of the applicant to the U.S. citizen parent, and evidence that the U.S. citizen parent resided in the U.S., a U.S. possession, American Samoa or Swain's Island for a period of at least one year prior to the applicant's birth

**Applicant born out of wedlock abroad to a U.S. citizen mother:** - Evidence of the U.S. citizenship of the mother, evidence of the relationship to the applicant and, for births on or before December 24, 1952, evidence that the mother resided in the U.S. prior to the applicant's birth or, for births after December 24, 1952, evidence that the mother had resided, prior to the child's birth, in the U.S. or a U.S. possession for a period of one year.

**Applicant born in the Canal Zone or the Republic of Panama:**

- A birth certificate showing birth in the Canal Zone on or after February 26, 1904 and before October 1, 1979 and evidence that one parent was a U.S. citizen at the time of the applicant's birth; or
- A birth certificate showing birth in the Republic of Panama on or after February 26, 1904 and before October 1, 1979 and evidence that at least one parent was a U.S. citizen and employed by the U.S. government or the Panama Railroad Company or its successor in title.

In all other situations in which an applicant claims to have a U.S. citizen parent and an alien parent, or claims to fall within one of the above categories, but is unable to present the listed documentation:

- If the applicant is in the U.S., the applicant should contact the local U.S. Citizenship and Immigration Service office for determination of U.S. citizenship;
- If the applicant is outside the U.S., the applicant should contact the State Department for a U.S. citizenship determination.

**e. Adoption of Foreign-Born Child by U.S. Citizen**

- If the birth certificate shows a foreign place of birth and the applicant cannot be determined to be a naturalized citizen under any of the above criteria, obtain other evidence of U.S. citizenship;
- Because foreign-born adopted children do not automatically acquire U.S. citizenship by virtue of adoption by U.S. citizens, the applicant should contact the local U.S. Citizenship and Immigration Service office for a determination of U.S. citizenship, if the applicant provides no evidence of U.S. citizenship.

**f. U.S. Citizenship By Marriage**

A woman acquired U.S. citizenship through marriage to a U.S. citizen before September 22, 1922. Provide evidence of U.S. citizenship of the husband, and evidence showing the marriage occurred before September 22, 1922.

Note: If the husband was an alien at the time of the marriage, and became naturalized before September 22, 1922, the wife also acquired naturalized citizenship. If the marriage terminated, the wife maintained her U.S. citizenship if she was residing in the U.S. at that time and continued to reside in the U.S.

## **LIST B: QUALIFIED ALIENS, NONIMMIGRANTS, AND ALIENS PAROLED INTO U.S. FOR LESS THAN ONE YEAR**

The documents listed below that are registration documents are indicated with an asterisk ("\*").

### **a. “Qualified Aliens”**

Evidence of “Qualified Alien” status includes the following:

\_ \*I-94 Form with a photograph

#### ***Alien Lawfully Admitted for Permanent Residence***

- \*Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"); or
- Unexpired Temporary I-551 stamp in foreign passport or on \*I Form I-94.

#### ***Asylee***

- \* Form I-94 annotated with stamp showing grant of asylum under section 208 of the INA;
- \*Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
- \* Form I-766 (Employment Authorization Document) annotated "A5";
- Grant letter from the Asylum Office of the U.S. Citizenship and Immigration Service; or
- Order of an immigration judge granting asylum.

#### ***Refugee***

- \* Form I-94 annotated with stamp showing admission under § 207 of the INA;
- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- \* Form I-766 (Employment Authorization Document) annotated "A3"

#### ***Alien Paroled Into the U.S. for a Least One Year***

- \* Form I-94 with stamp showing admission for at least one year under section 212(d)(5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.)

#### ***Alien Whose Deportation or Removal Was Withheld***

- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(10)";
- \* Form I-766 (Employment Authorization Document) annotated "A10"; or
- Order from an immigration judge showing deportation withheld under §243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under § 241(b)(3) of the INA.

#### ***Alien Granted Conditional Entry***

- \* Form I-94 with stamp showing admission under §203(a)(7) of the INA;
- \* Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)"; or
- \* Form I-766 (Employment Authorization Document) annotated "A3."

#### ***Cuban/Haitian Entrant***

- \* Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
- Unexpired temporary I-551 stamp in foreign passport or on \* Form I-94 with the code CU6 or CU7; or
- Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under Section 212(d)(5) of the INA.

#### ***Alien Who Has Been Declared a Battered Alien or Alien Subjected to Extreme Cruelty***

- U.S. Citizenship and Immigration Service petition and supporting documentation

### **b. Nonimmigrant**

Evidence of “Nonimmigrant” status includes the following:

- \* Form I-94 with stamp showing authorized admission as nonimmigrant

### **c. Alien Paroled into U.S. for Less than One Year**

Evidence includes:

- \* Form I-94 with stamp showing admission for less than one year under section 212(d)(5) of the INA